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Nuncio Apartment Complex, OSV-0003411, 28 March 2018

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Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Nuncio Apartment Complex
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	28 March 2018
Centre ID:	OSV-0003411
Fieldwork ID:	MON-0021484

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre is a community based centre providing a service to 11 adults in a setting which was individualised and person centred. The service, which consisted of eight individual two bedroom apartments and one communal larger apartment, where residents could meet and socialise together as they wished. In accordance with the statement of purpose the centre promotes a culture of community inclusion and residents are supported to avail of community based activities of their choosing. Residents are supported to be independent and to know and exercise their rights.

The following information outlines some additional data on this centre.

Current registration end date:	12/04/2021
Number of residents on the date of inspection:	8

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
28 March 2018	09:00hrs to 17:00hrs	Raymond Lynch	Lead

Views of people who use the service

The inspectors met and spoke with five of the residents who availed of this service. Residents reported that they were very happy with their living arrangements and could approach the person in charge at any time with any issue and/or concern they may have.

They also informed the inspectors that they felt adequately supported and safe in their home and their independence was being supported and provided for. Some residents were very happy to show the inspectors their individual apartments and it was observed that they were decorated to the resident's individual style and preference.

Residents also informed the inspectors that they were supported to participate in meaningful activities of their choosing, such as attending courses and gardening. One resident was delighted to show the inspector their vegetable plot of which they were very proud of.

Residents reported that they made their own decisions regarding their daily routine, got on very well with the staff team and viewed the centre as being their home.

Capacity and capability

This was a very well-resourced centre that was supportive and responsive in meeting the individual and assessed needs of the residents.

There was a clearly defined management structure in place with clear lines of authority and accountability which in turn meant the service was being adequately monitored, safe and effective.

There was a qualified and experienced person in charge who worked on a full time basis. She held dual qualifications in nursing and health care management. She was competent in ensuring that there was a skilled and qualified workforce in place so as to meet the needs of the residents in a person centred and effective way.

She was supported in her role by the director of services and assistant director of services, both of whom were experienced, skilled and qualified professionals. They provided good leadership and ensured the centre was appropriately audited and monitored so as to bring about positive change for the residents. For example, a recent audit identified that there were some maintenance issues needing attending

to in the centre. By the time of this inspection these issues had been addressed

There were many forums provided to the residents to ensure that their voice was heard. In the centre for example, residents were supported to have regular meetings to decide what social activities to partake in and menu planning for the week. Residents were also informed of their rights and were encouraged to express any dissatisfaction with the service they may have. They were aware of the complaints process and could speak with the person in charge or any staff member regarding making a complaint if they wished to do so.

This process of communication was effective as complaints (all mainly minor) were being listened to, recorded and adequately responded to. For example, one resident recently complained about the noise levels in one part of the complex. The resident was listened to and their complaint was recorded and responded to satisfactorily.

Residents were good self advocates and where or if required, access to an external independent advocate was provided for. Some residents had used this service for advice independent of the service in the past.

The person in charge had arrangements in place to provide supervision to her staff team on a three monthly basis. This process ensured that staff were being listened to and adequately supported to provide for the needs of the residents. Staff could also speak with the person in charge regarding any additional training and/or course they may like to pursue which could enhance their skills and knowledge in their role.

The person in charge was provided with supervision by the assistant director of services. This enabled her to inform senior management on the progress of the centre, identify any issues and seek solutions to such issues in a collaborative and supportive manner.

The training provided to staff was comprehensive and from viewing a sample of training records and from speaking with a staff member, the inspectors were assured that staff had the knowledge and skills necessary to support the residents achieve a good quality of life in a safe and person centred manner.

It was observed however, that some staff required refresher training in the safe administration of medication. That said, a review of documentation informed inspectors that incidents of medication errors were low and there were systems in place to manage and learn from such an incident if one were to occur.

Each resident had a contract for services provided in place, which was signed by them and/or a family representative. While these contracts were seen to be comprehensive documents, they did not adequately inform residents of exact costs of the services they were provided with.

Overall, this centre had effective systems of leadership, governance and management in place so as to ensure it was adequately resourced, audited and monitored. This in turn meant that the individual assessed needs of the residents were being met in a safe, dignified and person centred manner.

Registration Regulation 5: Application for registration or renewal of registration

A complete application for the renewal of registration of the centre was received by the Health Information and Quality Authority (HIQA) in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The inspectors found that there was a full time person in charge in the centre, who was a qualified healthcare professional with significant experience of working in and managing services for people with disabilities.

She was also aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She provided good supervision and support to her staff team and knew the needs of each individual resident in detail.

She also had systems in place to ensure that the care provided to the residents was of good quality and safe.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Staff were also supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

While the training available to staff was to a good standard and it was observed that staff had the ability to meet the assessed needs of the residents, refresher training in the safe administration of medication was not provided for.

Judgment: Substantially compliant

Regulation 23: Governance and management

The quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

There was a clearly defined management structure in place that identified the lines of authority and accountability.

The centre was also being monitored and audited appropriately so as to ensure the service provided was meeting the assessed needs of the residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were policies and procedures in place with regard to the admission and discharge to the centre (including temporary discharges) and each resident had a contract on file with regard to the services they received.

However, it was not explicitly clear what costs the residents incurred for services they were provided with.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspectors were satisfied that the statement of purpose met the requirements of the Regulations.

The service being provided to the residents was in line with the statement of purpose.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service to be provided and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy met the requirements of the Regulations. In addition the complaints procedures were available in the centre and an easy read format was also made on file.

There was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. From reading a sample of documentation, the inspectors could see that complaints were being dealt with appropriately in the centre. It was also observed that residents would have access to advocacy services if required.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was to a good standard. The centre was responsive to residents' current and changing needs and as a result residents were empowered to make decisions and live as independently

as possible.

From viewing a sample of files, inspectors saw that the residents were being supported to achieve personal and social goals and to maintain links with their families. Through the process of individualised planning, residents were supported to have their own pets and one resident had a pet dog, of which they took care of with the support of staff.

Independent living skills also formed part of the service and the inspectors observed that some residents were supported to have their own bank accounts and/or credit union accounts. Other residents were supported to work in their local community.

Where a resident had a hobby it was being facilitated. For example, one resident liked gardening and plants and was eager to show inspectors their plants and small herb garden. Social activities such as trips to pubs, local hotels, swimming and cinema were also provided for.

Regular and as required access to a range of allied health care professionals also formed part of the service provided. Residents had regular access to a GP, dentist, chiropodist and a podiatrist. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents with conditions such as diabetes or epilepsy.

Residents were also supported to enjoy best possible mental health and where required had access to a range of mental health professionals such as a behavioural support specialist and psychologist. It was also observed that staff had training in positive behavioural support techniques so as they had the skills to support residents in an effective and person centred manner.

Residents reported to the inspectors that they felt safe in their home. It was also observed that any adverse incident occurring in the centre was being managed in a timely and comprehensive manner. Residents were informed of their rights, knew how to make a complaint if they had to and had access to independent advocacy services. Staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspectors were assured that they knew what constitutes abuse and the required reporting procedures.

There were systems in place to manage and mitigate risk and keep residents safe. For example, where a resident may be at risk with managing their personal finances a comprehensive risk assessment and safeguarding plan was in place. These measures helped mitigate the level of risk while at the same time supporting the residents autonomy and independence in managing their own finances. It was also observed that all risk assessments were reviewed and updated on a three monthly basis or sooner if required.

There were some limited restrictive practices in place. However, it was observed that they were the least restrictive option available, only in use to keep a resident safe, had been passed by the human rights committee of the organisation and were kept under regular review.

There were systems in place to ensure all fire fighting equipment was serviced on a quarterly and annual basis as required. A sample of documentation informed the inspectors that staff undertook daily, weekly and monthly checks on all fire fighting equipment and where required, reported any issues or faults.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. All residents had undertaken a self administration of medication assessment and where required, staff provided support to some residents with their medication. These supports empowered the residents to exercise autonomy and control over the administration and management of their own medication.

Overall residents reported to inspectors that there were very happy with the service they received in the centre, they felt adequately supported and safe, their independence was being supported and encouraged and their health and social care needs were being comprehensively provided for.

Regulation 17: Premises

The premises were appropriate in meeting the assessed needs of the residents.

The premises consisted of seven individual two bedroom apartments and one communal apartment. The complex was in walking distance to a nearby town where residents had access to a range of local amenities to include local shops, barbers, hairdressers, churches and cafes.

Each apartment was decorated to take into account the individual preferences of each resident and some residents took pride in showing the inspectors around their homes.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

There was a Health and Safety Statement in place in the centre and there was also a policy on risk management. The Safety Statement and risk management policy were comprehensive and met the requirements of the Regulations.

Management had put together a risk register containing environmental and individual risks and each resident had a number of individual risk assessment on their files which detailed any possible hazards the residents may encounter and the actions in place to mitigate such risks.

Residents were also provided with phone systems in each apartment so as to contact a staff member if the need arose and it was also observed that each apartment had an emergency on-call system in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate fire precautions systems in place in each apartment to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blankets and emergency lighting.

Regular fire drills took place and each resident had a personal emergency evacuation plan in place. It was observed that on the most recent fire drill one resident refused to leave their apartment and their personal emergency evacuation had not been updated to reflect this. However, the inspector was assured that this would be addressed as a priority.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced on both an annual and quarterly basis.

Staff also carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The medication management policies and procedures were satisfactory and safe.

The medication policy which was a comprehensive document and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage medication errors should one occur. It was observed that there had been no recent drug errors reported in the centre.

All medicines were kept under lock and key in a secured unit in the centre and any staff member who administered medication was trained to do so. It was observed that staff did not receive refresher training in the safe administration of medication however, this issue was dealt with under Regulation 16: Staff Training & Development.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were policies and procedures in place on the individualised planning process. Residents were being supported to achieve personal and social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being regularly reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to emotional, behavioural and therapeutic supports that would promoted a positive, non aversive approach to positive behavioural support. Where required, residents had access to a range of multi-disciplinary supports to include behavioural support therapists and psychology.

Staff also had received specific training in positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

There were adequate measures in place to protect the residents being harmed in the centre.

There were policies and procedures in place on supporting vulnerable people. This was to ensure the residents were protected from abuse of any kind and outlined the responsibility of staff in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.

From speaking with staff the inspectors were assured they knew what constituted abuse and how to respond to such an issue if it were to occur.

From a sample of staff files viewed by the inspectors, staff had training in safeguarding of vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Nuncio Apartment Complex OSV-0003411

Inspection ID: MON-0021484

Date of inspection: 28/03/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff will have refresher in the Joe Wolfe safe and responsible medication Training by 11.08.18</p> <p>Going forward staff will have to complete this refresher training every 2 years, this will be reflected in the organizations Policies and Procedures for safe and responsible medication Management.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Our contract of care template is being reviewed so that it is explicitly clear what costs the residents incurred for the services they were provided with. It will in place by 25.05.18.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	11.8.18
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	25.5.18